U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) 30-DAY NOTIFICATION FORM

PURSUANT TO 40 CFR PART 60 SUBPARTS AAA AND QQQQ 2015 STANDARDS OF PERFORMANCE FOR NEW RESIDENTIAL WOOD HEATERS, NEW RESIDENTIAL HYDRONIC HEATERS AND FORCED-AIR FURNACES

Disclaimer: The statutory provisions and the EPA regulations described in this document contain legally binding requirements. This document is not a substitute for those provisions or regulations, nor is it a regulation itself. In the event of a discrepancy, please refer to 40 CFR PART 60 Subparts AAA AND QQQQ, Sections 60.533 and 60.5475. This document may be revised periodically without public notice. If you have additional questions, please contact Rafael Sanchez at 202-564-7028 or via email at sanchez rafael@epa.gov.

- The manufacturer of an affected wood/pellet heater/central heater model line must notify the Administrator of the date that certification testing is scheduled to begin by email to WoodHeaterReports@epa.gov.
- ► This notice must be received by the EPA at least 30 days before the start of testing.

GENERAL INFORMATION										
Manufacturer's Name: Hearth & Home Technologies										
Appliance Type (Circle One):	Adjustable Burn Rate Wood Heater	Pellet Stove	Single Burn Rate Heater	Hydronic Heater	Forced Air Furnace		Other:			
Hydronic Heater Type (Circle One):	Traditional	Full Storage	Partial Storage	Indoor/Outdoor	Othe	Other:				
Forced-Air Furnace Type (Circle One):	Small (less than 65,000 BTU/hr heat output)		Large (greater than 65,000 BTU/hr he output)		Other:					
Fuel Type:	Crib	Pellet	Cordwood	Other:						
Model Name and Number: QuadraFire Classic Bay 1200-C										
Catalyst: Yes NoX										
Mailing Address: 1445 North Highway										
Street Address: 1445 North Highway										
City: Colville		State: WA		ZIP Code: 99114						
Phone: 509-685-5918		Fax:		Web Site: Quadrafire.com						
Address of Manufacturing Facility: 352 Mountain House Road										
City: Halifax		State PA		ZIP Code: 17032						
EPA APPROVED			TEST LABORATORY							
Name and Title of Authorized Representative: Ken Morgan, Testing Manager										
Company: OMNI-Test Laboratories, Inc										

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Phone: (503) 643-3788	E-mail: kmorgan@omni- test.com	Fax:	
City: Portland	State: OR	ZIP Code: 97230	
	EPA APPROVED THIRD-PARTY CERTI	FIER	
Name and Title of Authorized Re	epresentative: Alex Tiegs: Operations Mar	nager	
Company: OMNI-Test Laborator	ries, Inc		
Phone: (503) 643-3788	E-mail: atiegs@omni-test.com	Fax:	
City: Portland	State: OR	ZIP Code: 97230	

Testing Location: Omni Test Laboratories Inc. 1445 North Highway, Colville, WA 99114

Date(s) of Proposed Test: October 29th 2018

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C. Winslow Howe	
Print Name and Title of Authorized Official	
Signature	
9-27-18 Date	
Remarks:	
v1	